

BCC / RODENT ULCER / BASALIOMA

Basal cell carcinoma

CATEGORY:

Lesions (cancerous)

LOOKS LIKE:

Slow-growing spot that may be coloured and a few mm to several cm in diameter

FEELS LIKE:

Scaly, smooth, waxy, flat, or raised

OUTLOOK:

Usually curable

LOCATION:

All over the body; most common in sun-exposed areas; uncommon on the hands & soles of the feet



WHAT IT LOOKS LIKE —



A BCC above the lip – typical pearly, glassy appearance with twisting blood vessels within it



A nodular BCC – note twisted vessels and central ulceration (crater-like sore)



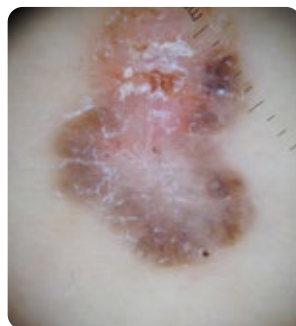
A small ulcerated BCC on the nose



A morphoeic (scar-like) BCC – note the visible blood vessels



A superficial BCC on the back – they often have a thread-like raised edge



A close-up image of a pigmented (darker-coloured) BCC

What is it?

Basal cell carcinoma (BCC) is the most common type of skin cancer. It is different from melanoma, and so is classified as a type of non-melanoma skin cancer.

BCCs can affect anyone, but are particularly common in older men.

You are also more likely to get a BCC if you have pale skin, a weak immune system, have spent a lot of time in the sun, or if you've had skin cancers or skin injuries (such as burns) before.

Basal cell carcinoma

CAUSES —

In BCC, the cancer starts in basal cells in the top layer of skin. These basal cells have the important job of making new skin cells, a continuous process throughout life.

Most BCCs are linked to ultraviolet (UV) radiation exposure from sun damage or sunbed use, which causes changes (mutations) in basal cells leading to BCC growth. This is why protecting yourself from the sun is very important to help prevent BCCs.

Our genetics can also play a part. An increased risk of BCC may be passed on in people with rare genetic conditions such as Gorlin syndrome.

SYMPTOMS —

BCCs can vary in appearance. Commonly, they look like a patch or bump on the skin that:

- Grows slowly (~1mm every 3 months)
- Is skin-coloured, pink, pearly, or pigmented
- Bleeds easily after minor trauma such as towelling or shaving
- Has visible blood vessels on the surface.

BCCs can occur anywhere on the skin, but are most common on the face, lower legs, trunk, and chest. They are relatively uncommon on the hands.

COMPLICATIONS —

- While BCCs are rarely life-threatening, a small number **invade** (grow deeper under the skin) and/or **metastasise** (spread) to nearby lymph nodes and beyond.
- **Recurrence**: BCCs can sometimes grow back, even after treatment.

DIAGNOSIS —

All new, changing, or unusual skin spots should be checked by your doctor. A healthcare professional may be able to identify a BCC based on what it looks like, often with the help of a handheld magnifying tool (dermatoscope).

Diagnosis is usually confirmed with a **biopsy** (sample), which involves removing and sending part or all of the skin spot to the laboratory for testing.

TREATMENT AND PREVENTION —

Sun protection is crucial to reduce your BCC risk. Apply sunscreen, wear sun protective clothing, avoid sunbeds, and limit sun exposure, particularly during the middle of the day.

Regular **skin checks** with your doctor are also recommended to catch any changes early.

Treatment depends on BCC type, size, location, patient preferences, and other factors. Most BCCs are treated using surgical techniques such as:

- Cutting them out (**excision**)
- Scraping them off (**curettage**)
- Shaving them off (**shave biopsy**)
- Applying heat (**electrocautery**) to destroy them.

Other treatments include freezing treatment (cryotherapy), photodynamic therapy (a type of light therapy), or applying creams such as imiquimod or 5-fluorouracil.

Removal may leave a scar.

OUTCOME —

Most BCCs are cured with treatment, however recurrence is not uncommon. Having had one BCC increases the risk of having another skin cancer in future.

Ongoing sun protection and regular skin checks can help reduce this risk.

Vitamin B3 (nicotinamide) may also reduce the risk of further BCCs in some patients — discuss with your doctor if this is right for you.



MORE INFORMATION —

<https://dermnetnz.org/topics/basal-cell-carcinoma>

